

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2001

Application or Docket Number

10/051,662

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

| | | |
|----------------------------------|-----------------|--------------------------|
| TOTAL CLAIMS | 30 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 30 minus 20 = * | 10 |
| INDEPENDENT CLAIMS | 7 minus 3 = * | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY
TYPE OR OTHER THAN
SMALL ENTITY

| | | | |
|-----------|--------|--------------|--------|
| RATE | FEES | RATE | FEES |
| BASIC FEE | 370.00 | OR BASIC FEE | 740.00 |
| X\$ 9= | 90 | OR X\$18= | |
| X42= | | OR X84= | |
| +140= | | OR +280= | |
| TOTAL | | OR TOTAL | |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| | | | ** | = |
| Total | * 22 | Minus | ** 30 | = |
| Independent | * 4 | Minus | ** 3 | = 1 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> | |

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

| | | | |
|------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | OR X\$18= | |
| X42= | 142.00 | OR X84= | |
| +140= | | OR +280= | |
| TOTAL ADDIT. FEE | \$43.00 | OR TOTAL ADDIT. FEE | |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| | | | ** | = |
| Total | * 21 | Minus | ** 30 | = — |
| Independent | * 4 | Minus | ** 4 | = — |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> | |

| | | | |
|------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | OR X\$18= | |
| X42= | | OR X84= | |
| +140= | | OR +280= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | MINUS | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
| | | | ** | = |
| Total | * | Minus | ** | = |
| Independent | * | Minus | ** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> | |

| | | | |
|------------------|------------------------|---------------------|------------------------|
| RATE | ADDI- TIONAL FEE | RATE | ADDI- TIONAL FEE |
| X\$ 9= | | OR X\$18= | |
| X42= | | OR X84= | |
| +140= | | OR +280= | |
| TOTAL ADDIT. FEE | | OR TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark OfficeAddress: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

| | | | |
|---------------|-------------|-----------------------|---------------------|
| SERIAL NUMBER | FILING DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NO. |
| 10/051,662 | 1-18-02 | Rodriguez | 31140B |

Raymond D. Dimrod
Suite 1000
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Chicago IL 60604

| | |
|--------------|--------------|
| EXAMINER | |
| R. Cook | |
| ART UNIT | PAPER NUMBER |
| 1614 | |
| DATE MAILED: | |

INFORMALITY RE PAYMENT OF FEE

The informality regarding the payment of the fee in connection with the original filing fee the amendment filed 9-2-04 is indicated below.

A. FEE DUE

1. The amendment is considered incomplete in that the funds in Deposit Account No. _____ are insufficient to cover the entire fee due. The balance is due within the period set below.
2. The amendment is considered an incomplete response, in that payment of \$ _____ is insufficient to cover the claims as shown in the attached Patent Application Fee Determination Record. Remittance is due within the period set below.
3. The amendment has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account) the fee as indicated on the attached Patent Application Fee Determination Record. Remittance or authorization is due within the period set below. Account number 18-1942
4. The filing fee of \$ _____ submitted in this application is insufficient.
A balance of \$ _____ is due for additional claims.
5.

APPLICANT IS GIVEN THE REMAINDER OF THE SET PERIOD FOR RESPONSE, OR ONE (1) MONTH FROM THE DATE OF THIS LETTER, WHICHEVER IS LONGER, WITHIN WHICH TO REMIT THE FEE OF \$ 43.00.

B. EXCESS PAYMENT:

5. It is noted that payment of \$ _____ is in excess of the amount necessary to cover the claims now in the application. See the attached Patent Application Fee Determination Record.
This matter of refund or credit to your account is being referred to the Finance Officer, for his consideration.

M. M.
CLERK OF GROUP